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Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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G. 15 G. 14		/2006					
Striker Striker & Stenby 103 East Neck Road Huntington, NY 11743				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
							(Depositor's name)
							(Signature)
				<u> </u>			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/516,976 12/06/2004		Fernando Proto Pa				3182	8676
TITLE OF INVENTION	: GIFT PACKAGING						
	· 						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE.	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	01/11/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
POLLICOFF, STEVEN B		3728	206-575000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  Michael J. Striker				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	less an assignee is ident h in 37 CFR 3.11. Comp GNFE	ified below, no assignee pletion of this form is NO					ocument has been filed for
		di Plastic	(B) RESIDENCE: (CITY	and STATE OR (	COUNT	RY)	
Serplas 9	3 A		Santi	ago, Chil	le ornoratio	on or other private or	oup entity Government
4a. The following fee(s)							
Issue Fee			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 194675 (enclose an extra copy of this form).				
5. Change in Entity Sta							
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interest as shown by the	ecords of the omica bia	tes I atent and Tradeniark	Office.	me applicant, a reg	istered a	ttorney or agent; or th	ie assignee or other party in
Authorized Signature / Michael J. Striker /				Date12/13/2006			
Typed or printed nam		J. Striker		Registration N	No	27233	
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